

REPORTS INVENTORY					CONTROL NO.			
PREPARE IN DUPLICATE					DDS/ae - 043			
1. TITLE OF REPORT (If a fill-in report include Form No.)					2. TYPE OF REPORT			
Significant Events					<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING			
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		2		
		LOGISTICS		SECURITY		ADMIN. GENERAL		
		MEDICAL		FINANCE		OTHER (specify)		
						1 COMMUNICATIONS		
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)			
2		Weekly			1			
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT			
Memorandum		<input type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> NO			DCO (for DDS)			
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)				
OC-0 OC-AFS/AMS/ES/FES/MES								
12. COST FACTORS								
A. MANUAL PREPARATION AND REVIEW COSTS								
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR	
GS4-17	GS12 Average 7.00	X	6 hr 40min	=	45.57	X	52 = 2369.64	
B. COSTS OF COMPUTER PRODUCED REPORTS								
<div style="float: right; text-align: right;">100-112</div>								
TOTAL COSTS PER YEAR								
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.								
Used by the DCO for briefing the DDS on worldwide problems/achievements.								
MORI/CDF								
14. FUTURE GOALS								
GOAL PROPOSED BY COMPONENT FOR THIS REPORT					STAT		ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE					<input type="checkbox"/> OTHER (explain)		<input type="checkbox"/> MAN-HOURS <input type="checkbox"/> DOLLARS	
16. DATE OF INVENTORY					17. NAME AND TITLE OF PERSON FURNISHING INFORMATION		18. EXTENSION	
6 Oct 70					Deputy Chief, OC-AFS			